

Daily Report

Day Three: 24<sup>th</sup> May 2017

Prepared by: Linda Markova and Simrin Kafle

### **1. Dr. Tedros elected as new Director General of WHO**

The new Director-General has been elected on Tuesday afternoon. The post will be held by Dr Tedros Adhanom Ghebreyesus, who has been elected by the Member States in the third round of voting. Being the first DG coming from the AFRO region, Dr. Tedros is to replace the outgoing DG Dr. Margaret Chan from the coming 1st of July. Throughout the day following his election (Wednesday), Member States have expressed their congratulations to the new DG in their statements, and expressed their hopes for continuous efforts and commitment of the new DG to addressing key issues, with special applaud coming from the Member States from AFRO region and the Global South.

### **2. Committee A Continues its debates on health emergencies & takes up the topics WHO financing and Antimicrobial resistance**

#### **WHO Financing**

The day was kicked off by agenda item 11. *Programme and budget matters*. There are two subitems within this agenda item, which were discussed together. Firstly; it is the agenda sub-item 11.1 *Overview of financial situation: Programme budget 2016 - 2017* reporting on the budget from previous biennial; secondly, it is the agenda item 11.2 *The proposed programme budget for 2017/2018*.

With regards to the agenda item 11.1, Lebanon spoke on the behalf on EMRO. They were mostly concerned about the funding gaps and the contingency fund which now only has 17 million balance. They stressed that the funds need to be utilised and also expressed the need for the decentralization of the funding and financial issues to improve the situation. Nigeria took the floor on the behalf of AFRO and apart for the need in the increase of funding they called for clear targets and timelines. They expressed the region's support for the value-for-money approach, however they believe it should not compromise the quality of programmes. Brazil spoke on the behalf of Americas and also expressed their concerns in funding gap as well as their hope for its better alignment with the region in the future. European countries were voiced by statements of many member states, most notably the UK and Germany, who especially urged about the public health threats possibly arising from such a funding gap, they also showed their strong support for the 10% increase in funding, as the 3% are not sufficient.

Most of the member states welcomed Secretariat's efforts for greater transparency and called for further commitment - such as China, USA or New Zealand. A large number of member states appreciated the Secretariat's work on this issue and noted the issue of imbalance between the voluntary and the assessed contributions. The states also welcomed the alignment of the programme budget with the SDGs and reprioritisation of urgent and complex health issues such as AMR. After the comments of the Secretariat, the Member states noted the report. None of the non-state actors had the chance to voice their opinions to this sub-item as they are not allowed to comment of financing issues. Thus, after the comments of the secretariat, the agenda item was closed.

With regards to the sub-item *11.2 Budget for 2017 - 2018*, most of the member states emphasized aspects taken up in the previous sub-item - again appreciated the reprioritisations, the links to AMR and the efforts of the Secretariat, while expressing concerns about the imbalances that Voluntary Contributions cause. Most of the States highlighted the need for sustainable financing and for better financial projections to be applied in the future. Iraq, on behalf of EMRO highlighted the importance of greater integration of services. A lot of countries, including the UK mentioned the need for better financing - especially in the light of Health Emergencies programme. Other countries highlighted particular importance of not making cuts in the NCDs area. Some of the countries expressed frustration that the 3% increase in assessed contribution is not enough. China and Tanzania highlighted need to have a flexibility when doing operations planning. Belgium mentioned the need of evidence-based priotisation. UK and Norway proposed a formation of a consultative process.

Overall, states express their support for the proposed programme budget.

Secretariat response: They noted and appreciated the commitment of MS with regards to high consensus on the 3% increase in assessed contributions and agree to some extent with all MS that raised their concerns; will work together with them in the future to resolve these issues.

### **Back to health emergencies**

The *agenda item 12 Preparedness, surveillance and response* did not close on Monday afternoon as the non-state actors still have not had the chance to deliver their statements.

### **Non-state actors statements**

The following organisations delivered statements: UN Atomic Agency; Pasteur International Network Association; Intra Health International. There were two statements delivered by the watchers on the behalf of Medicus Mundi International. Gargeya Telakapalli delivered statement on the subitem 12.1 Health Emergencies and focused on Research & Development Blueprint.

### Secretariat response

After the statements of non-state actors, Secretariat and a couple of member states made final remarks to reiterate the points made in the previous day.

### **Antimicrobial Resistance (AMR)**

Chair of the committee shared the progress of efforts on prevention and control of AMR (item 12.2 'Antimicrobial Resistance')

### Member states accounts:

All member states appreciated WHO secretariat for AMR report for its comprehensiveness. Also the need to focus on multisectoral collaboration for AMR was emphasized. Member states urged WHO to provide financial and technical support to facilitate the effective implementation of all strategies of AMR. WHO was also requested to take the lead to collaborate for a “one health” approach and support member states to implement national action plan on AMR. Effective mechanisms for monitoring on the rational use of medicines were suggested. The issue of sepsis was raised emphasizing the need of comprehensive intervention to reduce case fatality rates in many developing countries. Comprehensive intervention implies the range of services for prevention, diagnosis and treatment.

In addition, a point was made by member states on the need to consider community and health care setting as continuum and put them at the center while planning on AMR. Member states emphasized the importance of public awareness programs on AMR and urged to undertake these programs as campaigns. With the urge to WHO to make progress report mandatory, all member states supported the draft resolution to prevent and manage sepsis. However, Egypt requested for some clarification on paragraph 15 of the report which indicates about resource duplication on Joint External Evaluation and Global Monitoring Framework. After Egypt raised this matter, Panama also supported Egypt's concern.

### Non-state actors statements

Along with other non-state actors' statements, Medicus Mundi International's statement was delivered by PHM watcher, Aletha Wallace emphasizing the urgent need to increase access to suitable, affordable and effective medical tools for prevention, diagnosis and treatment of health problems to prevent unnecessary antibiotics use.

### Secretariat response

Secretariat suggested that member states prepare a revision of the resolution taking Egypt's comments into consideration and circulate as conference paper to be discussed at a later stage of proceedings.

### **3. Tomorrow's agenda**

There are number of crucial agenda items to be discussed tomorrow. These include 'Poliomyelitis' and 'Review of Pandemic Influenza Preparedness Framework' in Committee A and continued 'Financial matters' and 'Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan' in Committee B.